

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH22185  
STATE FILE NUMBER 247149

Registration District No. 294 Primary Registration District No. 2026 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Monroe</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Proberly</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Madison</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Woodland Hospital</i> Length of stay in 1b <i>3 Days</i>		d. STREET ADDRESS <i>RFD # 2</i> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>MAMIE CORDELA HUGO</i> First Middle Last			4. DATE OF DEATH <i>June-23-1957</i> Month Day Year
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 14-1885</i> Year
9. AGE (In years last birthday) <i>71</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and state or country) <i>Marshall Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Matthew Hightower</i>	
14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>489-30-5350</i>		17. INFORMANT <i>Walter Hugo</i> Address <i>Madison Missouri</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic Heart Disease</i> 1 DUE TO (b) <i>Coronary Sclerosis</i> DUE TO (c) <i>4200</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>acute Nephritis, Cause undetermined</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>June 20 57</i> , to <i>June 23</i> and last saw her alive on <i>June 22 57</i> . Death occurred at <i>12:45 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Walter Hugo</i>		22b. ADDRESS <i>Madison, Mo.</i>	
22c. DATE SIGNED <i>June 24 57</i>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Funeral</i>	
23b. DATE <i>June-25-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Kansas City</i>		STATE <i>Missouri</i>	
24. FUNERAL DIRECTOR <i>Cater Funeral Home</i> ADDRESS <i>Proberly Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6/25/57</i> REGISTRAR'S SIGNATURE <i>Leah Rouse</i>	

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *R. M. Carter*.....

Licensed Embalmer No. *41*

P. O. Address *W. Healy St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.